

### HR 507 -- Vision Care for Kids Act of 2007

#### FLOOR SITUATION

H.R. 507 is being considered on the floor under suspension of the rules and will require a two-thirds majority vote for passage. This legislation was introduced by Representative Gene Greene (D-TX) on January 17, 2007. The Energy and Commerce Subcommittee on Health forwarded the bill to the full committee by voice vote on July 19, 2007. The Energy and Commerce Committee reported the bill favorably on September 27, 2007.

Similar legislation (S 1117) has been introduced in the Senate by Senator Christopher Bond (R-MO) and has been referred to the Committee on Health, Education, Labor and Pensions.

HR 507 is expected to be considered on the House floor on October 15, 2007.

\*Note: Representative Vito Fossella (HR 6227) and Representative Bill Pascrell (HR 6066) introduced almost identical legislation in the 109th Congress, which was referred to the Subcommittee on Health. Additionally, Senator Christopher Bond introduced almost identical legislation (S 2685) in the 109th Congress, which was referred to the Senate Committee on Health, Education, Labor and Pensions.

## BACKGROUND

According to a 2005 report by the Centers for Disease Control, "approximately only one in three children in America have received eye care services before their sixth birthday. Because many childhood eye diseases, including amblyopia, the most common form of vision loss in children, can be treated and cured if detected early in life, the numbers of children tested falls disappointingly short."

Prevent Blindness for America, a volunteer eye health and safety organization founded in 1908 (and also provides vision screening for children nationally), reports that one in twenty preschoolers and one in four school children are affected by vision problems. Common vision problems for children include color blindness, crossed eyes, lazy eye, nearsightedness, farsightedness, and astigmatism.

The Department of Health and Human Services recommends children receive vision screening before turning five years old.

Many states and non-profit organizations currently provide a variety of vision screening services for children.

#### **SUMMARY**

**Grant Program** 

HR 507 establishes a grant program through the Department of Health and Human Services (HHS) for comprehensive eye examinations, treatment and services for children that have been identified previously by an eye examination to need such services.

\*Note: Priority for the examinations would be given to children under nine years old.

Additionally, the grants would be used for developing and disseminating information to parents, teachers and health care practitioners in order to increase recognition of signs of visual impairment in children.

\*Note: No more than 20% of the grant can be used to carry out this provision.

The bill requires the Secretary of HHS to coordinate the program with other programs that provide services to children, including Medicaid, health centers, and the state children's health insurance program (SCHIP).

# **Application for Grant Program**

The bill requires states to submit information that the Secretary may require in order to apply for grants, including:

- ➤ Information on existing programs addressing children's vision
- A plan for use of grant funds, including any partnerships that may be utilized
- ➤ A plan to determine eligibility of children
- A plan for how the funds will be used to provide items or services, as a secondary payer, for an eligible child that not covered for the services under any program or insurance policy and an eligible child that receives the items or services from an entity that provides the services on a pre-paid basis

## Evaluations of the Grant to States

The bill requires that within one year (and annually thereafter), states submit to the Secretary of HHS an evaluation of the activities carried out under the grant, including status of the children receiving the services and the collection and reporting of data.

## Authorization of Funds

The bill authorizes such sums as are necessary for Fiscal Year 2008 to Fiscal Year 2012.

# **COST**

Based on historical patterns of spending for similar activities, CBO estimates that implementing H.R. 507 would cost \$38 million over the 2009-2012 period and \$65 million over the 2009-2017 period, assuming appropriation of the authorized amount. In addition to those discretionary costs, CBO estimates that the additional eye examinations resulting from H.R. 507 would lead to some additional spending for Medicaid, which pays for vision services for eligible children. Any such increase in Medicaid spending would depend upon future appropriations for the CDC grant program.

# **STAFF CONTACT**

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